SCHEDULE B (FEC Form 3X)	Use separate schedule(s)) FOR LINE (check onl	NUMBER: v one)	PAGE 42/46
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	o and address of any pointed			
American Health Care Association Politica	l Action Committee			
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS			Transaction ID:	
			Date of Disbursement of No. 10 Pt. 10	
Mailing Address 38 Ivy St SE			08 05	2010
City Washington	State Zip Code DC 20003-4006		Amount of Each Di	sbursement this Period
Purpose of Disbursement	20000 1000	0 0		1000.00
Contributions to Federal Candidates Candidate Name		Category/		
Rep. Lois Capps		Type		
Office Sought: X House Disburse	ement For: 2010 Primary X General			
President	Other (specify)			
State: CA District: 23 Full Name (Last, First, Middle Initial)				
MARTIN HEINRICH FOR CONGRESS			Transaction ID: I	
Mailing Address 2118 CENTRAL AVENU	E SE		08 / 11	Y 2010 Y
City Albuquerque	State Zip Code NM 87106		Amount of Each Di	sbursement this Period
Purpose of Disbursement Contributions to Federal Candidates				5000.00
Candidate Name Rep. Martin Heinrich		Category/ Type		
	ement For: 2010			
Senate President	Primary X General Other (specify)			
State: NM District: 01				
Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS			Transaction ID: Date of Disburseme	
Mailing Address 213 Lisbon Street			08 / 05	2010
City	State Zip Code ME 04240		Amount of Each Di	sbursement this Period
Lewiston Purpose of Disbursement	WE 04240			1000.00
Contributions to Federal Candidates Candidate Name Rep. Michael H. Michaud		Category/ Type		
Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)	T NE -		
State: ME District: 02				
SUBTOTAL of Disbursements This Page (optional)		_		7000.00
TOTAL This Period (last page this line number only)				